

**EXHIBIT A**

**(Customer Claim)**

# STROOCK

7001 0320 0005 2737 4142

Via Certified Mail  
Return Receipt Requested

June 24, 2009

Danielle Alfonzo Walsman  
Direct Dial 212-806-5607  
Direct Fax 212-806-2607  
dwalsman@stroock.com

Irving H. Picard, Esq.  
Trustee for Bernard L. Madoff Investment  
Securities LLC  
Claims Processing Center  
2100 McKinney Avenue, Suite 800  
Dallas, TX 75201

Re: Amy Roth Acct No. 1-R0041

Dear Mr. Picard:

We are counsel to Amy Roth. Please see the attached Customer Claim forms with  
attachments for Account No. 1-R0041.

If you have any questions, please feel free to call me.

Very truly yours,



Danielle Alfonzo Walsman

Enclosures

CUSTOMER CLAIM

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

(Please print or type)

Name of Customer: Amy Roth  
Mailing Address: 21218 St. Andrews Blvd. PMB 743  
City: Boca Raton State: FL Zip: 33433  
Account No.: 2-R0041  
Taxpayer I.D. Number (Social Security No.): 059-38-9155

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

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1. Claim for money balances as of December 11, 2008:

- a. The Broker owes me a Credit (Cr.) Balance of \$ 0
- b. I owe the Broker a Debit (Dr.) Balance of \$ 0
- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."  
If you wish to make a payment, it must be enclosed  
with this claim form. \$ None
- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

	YES	NO
a. The Broker owes me securities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. I owe the Broker securities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. If yes to either, please list below:		

Date of Transaction (trade date)	Name of Security	The Broker Owes Me (Long)	I Owe the Broker (Short)
Please see attached statement dated 11/30/08 \$9,028,346			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

- |   | <u>YES</u> | <u>NO</u>        |
|---|------------|------------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain.  | _____      | _____/_____<br>✓ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?   | _____      | _____/_____<br>✓ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____      | _____/_____<br>✓ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)    | _____      | _____/_____<br>✓ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.                         | _____      | _____/_____<br>✓ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.                   | _____      | _____/_____<br>✓ |
| 9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? If so, give name of that broker.  | _____      | _____/_____<br>✓ |

Please list the full name and address of anyone assisting you in the preparation of this claim form: Stroock & Stroock & Lavan LLP  
180 Maiden Lane, New York, NY 10038  
Attn: Danielle Alfonso Walsman

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 6-18-09 Signature *Amy L. [Signature]*  
Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

This customer claim form must be completed and mailed promptly,  
together with supporting documentation, etc. to:

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201









Associated with  
Madoff Securities International Limited  
12 Berkeley Street  
Mayfair, London W1J 8DT  
Tel 020 7693 6222

885 Third Avenue  
New York, NY 10022  
(212) 230-2424  
300 334-1343  
Fax (212) 838-4061

**BERNARD L. MADOFF**  
INVESTMENT SECURITIES LLC  
New York □ London

# ARMY REGENT

2221 NORTH FRONTAGE ROAD -#18  
YAEI CB 31557

30/05/17 11:30/17



**五、六、七、八、九**

0-2-17088-1

[illegible]

**BERNARD L. MADOFF**  
INVESTMENT SECURITIES LLC  
New York ☐ London

885 Third Avenue  
New York, NY 10022  
(212) 330-2424  
800 334-1343  
Fax (212) 332-4061

Aligned with  
Madoff Securities International Limited  
12 Berkeley Street  
Mayfair, London W1J 8DT  
Tel 020 7693 6222

AMY RUTH

2121 NORTH FRONTAGE ROAD #15  
VAIL CO 81657

☐ Personal Information  
☐ 11/30/98  
☐ YOUR ACCOUNT ADVISOR  
☐ 1-800-41-8-0  
☐ YOUR TAX IDENTIFICATION NUMBER  
☐ \*\*\*-\*\*-9155

DATE	DESCRIPTION	AMOUNT	ACCOUNT	ACCOUNT
12/30/98	BALANCE FORWARD			1,458,738.98
12/30/98	STON TRUST SER 1 UNITS	12,500		1,458,738.98
12/30/98	STON TRUST SER 2 UNITS	12,500		1,458,738.98
12/30/98	NEW BALANCE			1,458,738.98
12/30/98	SECURITY POSITIONS			
12/30/98	SPOR TRUST SER 1 UNITS	12,500		
12/30/98	SPOR TRUST SER 2 UNITS	12,500		
12/30/98	SPOR TRUST SER 3 UNITS	12,500		
12/30/98	SPOR TRUST SER 4 UNITS	12,500		
12/30/98	SPOR TRUST SER 5 UNITS	12,500		
12/30/98	SPOR TRUST SER 6 UNITS	12,500		
12/30/98	SPOR TRUST SER 7 UNITS	12,500		
12/30/98	SPOR TRUST SER 8 UNITS	12,500		
12/30/98	SPOR TRUST SER 9 UNITS	12,500		
12/30/98	SPOR TRUST SER 10 UNITS	12,500		
12/30/98	SPOR TRUST SER 11 UNITS	12,500		
12/30/98	SPOR TRUST SER 12 UNITS	12,500		
12/30/98	SPOR TRUST SER 13 UNITS	12,500		
12/30/98	SPOR TRUST SER 14 UNITS	12,500		
12/30/98	SPOR TRUST SER 15 UNITS	12,500		
12/30/98	SPOR TRUST SER 16 UNITS	12,500		
12/30/98	SPOR TRUST SER 17 UNITS	12,500		
12/30/98	SPOR TRUST SER 18 UNITS	12,500		
12/30/98	SPOR TRUST SER 19 UNITS	12,500		
12/30/98	SPOR TRUST SER 20 UNITS	12,500		

PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES

